

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/814,843	RECEIVED CENTRAL FAX CENTER SEP 28 2004
	Filing Date	March 30, 2004	
	First Named Inventor	Ahmed Sallam	
	Group Art Unit	2171	
	Examiner Name	Unassigned	
	Attorney Docket Number	20423-08591	

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.


The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Sonnenschein Nath & Rosenthal LLP				
Address	685 Market Street, 6 th Floor				
Address					
City	San Francisco	State	CA	Zip	94105
Country	United States				
Telephone	(415) 882-5000	Fax	(415) 543-5472		

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Brian M. Hoffman, Reg. No. 39,713
Signature	
Date	September 28, 2004

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

20423/01000/SF/5129039.1

RECEIVED
CENTRAL FAX CENTER
SEP 28 2004**FENWICK & WEST LLP**

Silicon Valley Center • 801 California Street • Mountain View, CA 94041

Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com

FACSIMILE TRANSMISSION**CONFIDENTIAL****DATE:** September 28, 2004**CLIENT No.:** 20423**To:**

NAME	FAX No.	PHONE No.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Brian M. Hoffman, Reg. No.
39,713**PHONE:** (415) 875-2484

NUMBER OF PAGES WITH COVER PAGE: 35	ORIGINAL WILL NOT FOLLOW
-------------------------------------	--------------------------

MESSAGE:

Attached are Request for Withdrawal as Attorney or Agent in the following patents and applications:

10/216,049	6,016,553	10/639,158	10/741,046	10/881,194
10/364,252	6,199,178	10/667,089	10/814,843	10/870,785
10/334,767	6,240,527	10/645,989	10/902,229	10/895,780
10/411,572	6,732,293	10/754,318	10/832,788	10/927,295
10/392,593	6,363,487	10/819,494	10/830,639	10/934,615
10/425,123	09/719,339	10/776,445	10/852,773	
10/455,014	09/856,331	10/775,471	10/892,873	

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL Larisa Burshteyn AT (650) 943-5373 AS SOON AS POSSIBLE.

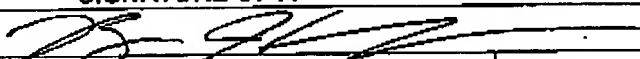
TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)		U.S. Department of Commerce Patent and Trademark Office	Patent Number	N/A
			Issue Date	N/A
			First Named Inventor	N/A
			Application Number	N/A
			Filing Date	N/A
Total Number of Pages in This Submission		32	Attorney Docket Number	

ENCLOSURES (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Fee Transmittal Form (in duplicate) | <input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent in Patent and Application Nos. |
| <input type="checkbox"/> Check Enclosed | 10/216,049 10/639,158 10/870,785 |
| <input type="checkbox"/> Return Receipt Postcard | 10/364,252 10/667,089 10/895,780 |
| <input type="checkbox"/> Response to Notice to File Missing Parts | 10/334,767 10/645,989 10/927,295 |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | 10/411,572 10/754,318 10/934,615 |
| <input type="checkbox"/> Declaration | 10/392,593 10/819,494 |
| <input type="checkbox"/> Power of Attorney | 10/425,123 10/776,445 |
| <input type="checkbox"/> Application Data Sheet | 10/455,014 10/775,471 |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A | 6,016,553 10/741,046 |
| <input type="checkbox"/> Copies of IDS Cited References | 6,199,178 10/814,843 |
| <input type="checkbox"/> Request for Corrected Filing Receipt | 6,240,527 10/902,229 |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | 6,732,293 10/832,788 |
| <input type="checkbox"/> Amendment/Response: [] Page(s) | 6,363,487 10/830,639 |
| <input type="checkbox"/> After Final | 09/719,339 10/852,773 |
| <input type="checkbox"/> Status Request | 09/856,331 10/892,873 |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | 10/881,194 |

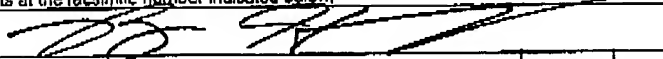
REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

Signature:			
Attorney/Reg. No.:	Brian Hoffman, Reg. No. 39,713	Dated:	September 28, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.

Signature:			
Typed or Printed Name:	Brian Hoffman	Dated:	September 28, 2004
Facsimile Number:	1-703-872-9306		